

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010467

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 327

STATE FILE NUMBER

FILED MAR 18 1963

VS 300
Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

M.H. Christ, M.D.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 35 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) 315 West Kansas	
3. NAME OF DECEASED (Type or print) First Middle Last William Vincent Cooper		4. DATE OF DEATH Month Day Year March 9, 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 6, 1904
9. AGE (last birthday) 58		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Packinghouse	
11. BIRTHPLACE (City and state or country) Roanoke, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William V. Cooper Sr.		13b. MOTHER'S MAIDEN NAME Emma Dameron	
14. NAME OF HUSBAND OR WIFE Georgia Ree Cooper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. 66		17. INFORMANT Mrs Georgia Ree Cooper, 315 W. Kans	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion due to Arteriosclerotic Heart Disease DUE TO (b) Hypertension Disables Militio DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Sept 1960 to March 9, 1963 and last saw him alive on Feb 5, 1963		Death occurred at 8:45a on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Martin H. Christ M.D.		22b. ADDRESS 6106 King Hill Lane St Joseph 3-12-63	
22c. DATE SIGNED 3-12-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Mar. 12, 1963		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		23e. DATE RECD. BY LOCAL REG. Mar. 14, 1963	
23f. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		23g. FUNERAL DIRECTOR Wm. H. Alexander, St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 3-11-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm. H. Alexander

Licensed Embalmer No.

4450

P. O. Address

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.